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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 276/277

HIPAA Consortium Meeting

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State: AZ

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<b>Issue/Action #</b>	A-276-00304	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Concrete dates for the 276/277 Transaction by the next Consortium	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
	<b>Description:</b>	Lori Petre	1/28/2004		3/3/2004
	Concrete dates for the 276/277 Transaction by the next Consortium meeting.				
	<b>Resolution:</b>				
	Per Lori Petre - 5/1/04 implementation date.				

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 277U

HIPAA Consortium Meeting

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State: AZ

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<b>Issue/Action #</b>	A-277-00164	HIPAA Enhancements	2-High	Lori Petre	Closed
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Action Item	Process of evaluating the implementation of the U277.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	5/14/2003		10/21/2003
	<b>Description:</b> Process of evaluating the implementation of the U277. A couple of issues are that the IG is not approved. And it is not a 4010 version. And there isn't a clean map in our translator and other translators do not have a map.				
	<b>Resolution:</b> 102103 MK: Nothing has changed:  The 277U is still not available for purchase as a final implementation guide at WPC AND there is no vendor that will certify/validate it...  11/15/03 Status is the same.				

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## Consortium Mtg Closed Issues/Action Items Report

Transaction: 820

HIPAA Consortium Meeting

State: AZ

<b>Issue/Action #</b>	A-820-00154		2-High	Lori Petre	Closed
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Action Item	What will the response turnaround for a transaction be?	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

5/14/2003

6/27/2003

What will the response turnaround for a transaction be? The task has been assigned to research the process between project managers.

**Resolution:**

Closed. Same as A-997-00155

<b>Issue/Action #</b>	A-820-00133	Finance	2-High	Mary Kay McDaniel	Closed
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Action Item	CRS/ BHS we have additional work to do, 820 document will be presented	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

Tom Walsh

4/9/2003

6/25/2003

CRS/ BHS we have additional work to do, 820 document will be presented separately to them.

**Resolution:**

Completed

<b>Issue/Action #</b>	A-820-00234	Other - see notes below	2-High	Consortium membe	Closed
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Action Item	clarify the capitation payment date.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

Lori Petre

8/13/2003

1/1/2008

The last daily in September and first monthly in October will be in the 834 format.  
Recently we have clarified that the last daily of September has to be an 834.  
September 26th is the last old format daily roster.

## Consortium Mtg Closed Issues/Action Items Report

Transaction: 820

### HIPAA Consortium Meeting

Then we will begin with critical path and promotes for HIPAA.  
This will run through September 28th, the last daily will be dated September 27th, and available on September 28th.

September 28th will run the monthly roster for October and should be completed September 30th. Available for pickup September 30th.

We will get into the first daily for October, including 9/28, 9/29, 9/30 and dated 10/01.  
Then a normal cycle processes.

Action: Clarification will be added to the document. Will be distributed with the minutes.

The first 820-capitation remittance should be available 10/02 or 10/09.  
Action Item: We will clarify the capitation payment date.

Q: Which enrollment period is that?  
A: Finance pays in advance when we run the payment cycle. When we run the 820 it will run for the Wednesday for the week prior.

Capitation payments week of the 24th through the 30th will be paid October 2nd.

Action: Frank will write this down and it will be sent out with minutes.

#### Resolution:

No. Memo dated 08/26/03 distributed to Consortium members 8/27/03.

Issue/Action #	A-820-00235	Other - see notes below	2-High	Consortium membe	Closed
Action Item	Q: Hospital kicks? NPR files after September 27?	Responsible Person:	Date Opened:	Date Due:	Date Completed:
		Lori Petre	8/13/2003		8/25/2003
	Description:				
	Q: Hospital kicks? NPR files after September 27?				
	Action: Jim will look into this and send response.				
	Resolution:				
	The Manual Payment Roster, which is made available to the MCOs as an electronic file, will no longer be produced for MCOs receiving the 820 file. Information on the Kick payment, including rate code and applicable payment dates, will be included in the 820 file.				
Issue/Action #	A-820-00242	Finance	2-High	Consortium membe	Closed

## Consortium Mtg Closed Issues/Action Items Report

Transaction: 820

### HIPAA Consortium Meeting

Action Item	When we run the 820 it will run for the Wednesday for the week prior.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	8/13/2003		8/27/2003
<b>Description:</b>					
Q: Which enrollment period will the 820 be for? A: Finance pays in advance when we run the payment cycle. When we run the 820 it will run for the Wednesday for the week prior.  For example: Capitation payments week of the 24th through the 30th will be paid October 2nd.  Action: Frank will document this process, and it will be sent out with minutes or distributed in our next meeting.					
<b>Resolution:</b>					
Completed. Memo distributed 08/27/03 at the Consortium meeting.					

<b>Issue/Action #</b>	A-820-00245	Finance	2-High	Consortium membe	Closed
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Action Item	The first 820-capitation remittance should be available 10/02 or 10/09.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	8/13/2003		9/4/2003
<b>Description:</b>					
The first 820-capitation remittance should be available 10/02 or 10/09. Action Item: We will clarify the capitation payment date as soon as we get direction from Finance.					
<b>Resolution:</b>					
10/08 has been established as the run date for the first 820.					

<b>Issue/Action #</b>	A-820-00253	Finance	2-High	Consortium Membe	Closed
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Action Item	follow up on the 820 for BHS	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	8/27/2003		9/12/2003
<b>Description:</b>					
Q: BHS will like a whole file? A: Action Item: Lori will follow up on the 820 for BHS.					
<b>Resolution:</b>					

## Consortium Mtg Closed Issues/Action Items Report

Transaction: 820

### HIPAA Consortium Meeting

Sent 09/12.

<b>Issue/Action #</b>	A-820-00267	Finance	2-High	Nancy Mischung	Closed
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Action Item

We will review the 820-service level. The 820's take longer to run normally and we

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

**Description:**

Nancy Mischung

10/8/2003

10/29/2003

We will review the 820-service level. The 820's take longer to run normally and we can see what service level we can meet and communicate this time to you.

**Resolution:**

Responded to in 10/29/03 meeting.

<b>Issue/Action #</b>	A-820-00271	Finance	2-High	Lori Petre	Closed
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Action Item

There was also a mistake in the Companion Guide in regards to those;

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

**Description:**

Lori Petre

10/8/2003

10/24/2003

820 implementation status - there was an issue with the prior plan letter and the transitional listing were not going out and now have been retrospectively posted.

Action Item: There was also a mistake in the Companion Guide in regards to those; the correction will be in the next publication.

**Resolution:**

The correction to the 834/820 Companion Document has been completed accordingly effective 10/24/03.

<b>Issue/Action #</b>	A-820-00250	Finance	2-High	Consortium Membe	Closed
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Action Item

Lori will follow up on the 820 for BHS.

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

**Description:**

Lori Petre

8/27/2003

9/12/2003

Lori will follow up on the 820 for BHS.

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## *Consortium Mtg Closed Issues/Action Items Report*

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Transaction: 820

HIPAA Consortium Meeting

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<b>Resolution:</b>
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Sent 09/12
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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 834

HIPAA Consortium Meeting

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State: AZ

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<b>Issue/Action #</b>	A-834-00286	Correspondence	2-High	Lori Petre	Closed
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Action Item

Mel will publish this letter to the AHCCCS HIPAA Website once Lori gets

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Melonie Carnegie

12/18/2003

1/8/2004

**Description:**

There is a letter that went out under Kathy Byrne's signature to our Trading Partners that have either not elected a contingency and we have been really nice and let them continue doing what they are doing, or did and we want to make sure they understand the close-ended date. That will be posted to the web site as soon as I get it to Mel.

**Resolution:**

Please note that this piece along with the related Action Item was deleted from the final Consortium Minutes document.

Letter published to the AHCCCS HIPAA website 1/8/04.

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<b>Issue/Action #</b>	A-834-00150	Other - see notes below	2-High	Lori Petre	Closed
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Action Item

Put the STFE file increment in the project plan for post implementation, and

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

3/12/2003

3/22/2003

**Description:**

Put the STFE file increment in the project plan for post implementation, and look at it on an incremental basis, to see if the 1,000 number should increase

**Resolution:**

Done. The initial 834 transactions will be set at increments of 1000. The issue to review post-implementation has been included in the implementation document.

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<b>Issue/Action #</b>	A-834-00226	Recipient	2-High	Lori Petre	Closed
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## Consortium Mtg Closed Issues/Action Items Report

Transaction: 834

### HIPAA Consortium Meeting

Action Item	Will initiate a problem report to make option #2.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	7/16/2003		8/11/2003
	<b>Description:</b> Will initiate a problem report to make this change. Take everything down to the 2300 level and make it health coverage. Add is a 021, insurance one code would be an AG. AG is Preventative care wellness. Plan coverage description of PG and effective date as the date the file was processed.				
	<b>Resolution:</b> Initiated problem ticket.834217				

<b>Issue/Action #</b>	A-834-00244	Recipient	2-High	Consortium membe	Closed
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Action Item	HIPAA Monthly/Daily files, Clarification will be added to the document.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	8/13/2003		9/12/2003
	<b>Description:</b> 834/820 HIPAA Monthly/Daily files: The last daily in September and first monthly in October will be in the 834 format. Recently we have clarified that the last daily of September has to be an 834. September 26th is the last old format daily roster. Then we will begin with critical path and promotes for HIPAA. This will run through September 28th, the last daily will be dated September 27th, and available on September 28th.  September 28th will run the monthly roster for October and should be completed September 30th. Available for pickup September 30th.  We will get into the first daily for October, including 9/28, 9/29, 9/30 and dated 10/01. Then a normal cycle processes.  Action Item: Clarification will be added to the document. Will be distributed with the minutes, and discussed again at the next meeting.				
	<b>Resolution:</b> Addressed w/each health plan 09/12/03				

<b>Issue/Action #</b>	A-834-00268	Recipient	2-High	Consortium Membe	Closed
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## Consortium Mtg Closed Issues/Action Items Report

Transaction: 834

### HIPAA Consortium Meeting

Action Item	When we perform a QC we are not receiving the Emergency number. This	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	10/8/2003		11/15/2003
	<b>Description:</b>				
	When we perform a QC we are not receiving the Emergency number. This applies to the LTC population. Action Item: We will take a look at it.				
	<b>Resolution:</b>				
	111503 MK: No examples have been found or submitted by trading partners.				

<b>Issue/Action #</b>	A-834-00269		2-High	Consortium Membe	Closed
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Action Item	2000 loop in the DTP element, disenroll actions the date value is a null or blank	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	10/8/2003		11/15/2003
	<b>Description:</b>				
	Q: In the 2000 loop in the DTP element, disenroll actions the date value is a null or blank. The disenroll date is mapped. We are not with the 024 maintenance. It is also inconsistence sometimes its 303 or 356. A: We need to see an example. Action Item: We will review and open a ticket internally.				
	<b>Resolution:</b>				
	111503 MK: No examples have been found or submitted by trading partners.				

<b>Issue/Action #</b>	A-834-00272	Recipient	2-High	Consortium Membe	Closed
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Action Item	Mental health information, do we have add change term?	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	10/8/2003		11/15/2003
	<b>Description:</b>				
	Q: When you only send the mental health information, are you going to terminate it and then send a new add? Or do we have add change term, not knowing what it really means. Action Item: This will be verified.				
	<b>Resolution:</b>				

## Consortium Mtg Closed Issues/Action Items Report

Transaction: 834

### HIPAA Consortium Meeting

111503 MK: No examples have been found or submitted by trading partners.

<b>Issue/Action #</b>	A-834-00302	Claims	2-High	Consortium Membe	Closed
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Action Item

To inform health plans still receiving the proprietary files where to find the

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Dan Lippert

1/28/2004

2/11/2004

**Description:**

Q: For those that are still receiving proprietary files, will we know where that effective co-pay dates is going to be?

A: For those of you that are still exercising your contingencies and getting the proprietary, we will also let you know where that effective date is going to be on the proprietary file.

**Resolution:**

Presented at the 2/11/04 Consortium meeting:

We are going to use the Loop 2000 Member Level Date Segment for the "as of date" for the co-pays. When you have a Process Date or Qualifier 303, that is going to be the "as of date" when a co-pay is present. If you are more used to the proprietary format, that is the same as the "CP begin date". There is an example attached.

<b>Issue/Action #</b>	A-834-00276		2-High	MaryKay McDaniel	Closed
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Action Item

ction type for FYI or TPL changes, currently they are falling into a 33.

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Lori Petre

10/8/2003

11/4/2003

**Description:**

The other thing on the action codes that is not there, if an action type for FYI or TPL changes, currently they are falling into a 33. This will also be reviewed.

Q: Why can't we have a change of location 43 for county out?

Action Item: We will make a note of this and address it.

**Resolution:**

This change is being promoted with the actionreasoncd table changes next Wednesday.

<b>Issue/Action #</b>	A-834-00292	Claims	2-High	Consortium Membe	Closed
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## Consortium Mtg Closed Issues/Action Items Report

Transaction: 834

### HIPAA Consortium Meeting

Action Item	Tickets to be generated on these three issues from Mark Hart with Pima Health.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	12/18/2003		1/23/2004
	<b>Description:</b>				
	We will take these three issues Mark Hart with Pima Health submitted via email and generate tickets so you will receive formal responses, but you had asked that we talk about them today so we wanted to make sure and do that. We will share the formal responses with the group.				
	<b>Resolution:</b>				
	Help Desk tickets generated.				

<b>Issue/Action #</b>	A-834-00148	Recipient	2-High	MaryKay McDaniel	Closed
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Action Item	We will need to look at how to differentiate from CRS, TSC or HMO in	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
			3/12/2003		3/22/2003
	<b>Description:</b>				
	We will need to look at how to differentiate from CRS, TSC or HMO in the PRA client. When we send the minutes this information will be sent as well.				
	<b>Resolution:</b>				
	Done. See the updated companion guides and the examples which will be on the web site next week.				

<b>Issue/Action #</b>	I-834-00176	Recipient	4-Future Enhanc	MaryKay McDaniel	Closed
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Issue	Custodial parent information is available at DES, their processes have to change,	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		MaryKay McDaniel	3/25/2003		6/4/2003
	<b>Description:</b>				
	Custodial parent information is available at DES, their processes have to change, our processes have to change, new action codes need to be developed.				
	<b>Resolution:</b>				
	Research completed. There is no entity that can provide the appropriate information.				

<b>Issue/Action #</b>	A-834-00291	Claims	2-High	Consortium Membe	Closed
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## Consortium Mtg Closed Issues/Action Items Report

Transaction: 834

### HIPAA Consortium Meeting

Action Item

Why are there such huge volume swings on the TPL files all of a sudden?

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Dan Lippert

12/18/2003

1/8/2004

**Description:**

Health Plan – The volume is irregular. We will be going along and suddenly we will get a 100-200 records, and the staff have to go through them, because one of those records may have valuable information. They are saying that 99% of the time it is the same thing they have gotten in the prior file. They do not understand why all of a sudden there are these huge volume swings as it was not like this prior to 10/1/2003.

**Resolution:**

Per Kelly Gerard 010804: I really don't think you need to do anything until the plan comes back to us with the dates that they 'had an issue with'. Then we can look at those specific files to see if they are the Bendex runs or other runs that increase the number of TPL transactions. I don't think we really want to spend any more time on this issue until the plan give us something more concrete to look at and not 'generalizations'.

**Issue/Action #**

A-834-00275

Recipient

2-High

Consortium Membe

Closed

Action Item

The county move out code is still an issue. It was removed, as it was no

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Lori Petre

10/8/2003

10/21/2003

**Description:**

The county move out code is still an issue. It was removed, as it was no longer needed per the workgroup.  
Q: Why is it not mapped to Termination of Benefits instead of leaving it blank?  
Action Item: Tom is reviewing.

**Resolution:**

This has been promoted to test. Per TF email 10/21/03  
The AZACTIONREASONCD table which has the action code mapping for HIPAA compliant codes has been promoted to test. This will stay in test until the Health Plans have finished testing this. It is to be promoted to production after that.

**Issue/Action #**

A-834-00126

Testing

2-High

Lori Petre

Closed

Action Item

Those who have volunteered for pilot testing we will be contacting by later next

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

3/12/2003

4/9/2003

**Description:**

Those who have volunteered for pilot testing we will be contacting by later next week.

**Resolution:**

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 834

### HIPAA Consortium Meeting

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Addressed.

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<b>Issue/Action #</b>	A-834-00301	Other - see notes below	2-High	Consortium Membe	Closed
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Action Item

Will take a look at the ISA14 for the TAI to determine what it is actually doing.

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Dennis Koch

1/28/2004

1/29/2004

**Description:**

Q: The 834 is requesting we send a TA1 back to AHCCCS. The companion document indicates that this is not necessary. Are we supposed to send a TA1 back?

A: I will take a look at the ISA14 for the TA1.

**Resolution:**

Per Nancy Mischung , open a Customer Support ticket and fix as a production problem. We do not believe it needs the four week testing window.

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<b>Issue/Action #</b>	A-834-00145	Finance	2-High	MaryKay McDaniel	Closed
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Action Item

If we need and we can all agree the Voucher number could be placed at the

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

3/12/2003

3/22/2003

**Description:**

If we need and we can all agree the Voucher number could be placed at the Supplementary ID in the 2000 Member detail level.

**Resolution:**

The voucher number has been added to the 834 transaction.

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 835 Claims

HIPAA Consortium Meeting

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State: AZ

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<b>Issue/Action #</b>	A-835-00158	HIPAA Enhancements	2-High	Consortium Membe	Closed
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Action Item	Contingency plan	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
			5/14/2003		6/11/2003
	<b>Description:</b> The 835 and 837 contingencies will be available by the end of the month, or no later than 06/04/03...				
	<b>Resolution:</b> Emailed.				

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## Consortium Mtg Closed Issues/Action Items Report

Transaction: 837

HIPAA Consortium Meeting

State: AZ

Issue/Action #	A-837-00202		1-Critical	Lori Petre	Closed
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Action Item

Responsible Person:

Date Opened:

Date Due:

Date Completed:

Description:

Lori Petre

6/4/2003

6/23/2003

Resolution:

no info in record

Issue/Action #	A-837	Encounters	2-High	Lori Petre	Closed
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Action Item

Send email to each health plan to ascertain readiness to begin testing

Responsible Person:

Date Opened:

Date Due:

Date Completed:

Description:

Lori Petre

2/11/2004

3/3/2004

I will also be sending out an email to each health plan just trying to ascertain your readiness to begin testing on Monday so that we will get a feel for what is going to happen with that.

Resolution:

Per Lori Petre - completed.

Issue/Action #	A-837-00313	Encounters	2-High	Lori Petre	Closed
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Action Item

Send email confirming the Trading Partners testing of 837 encounters.

Responsible Person:

Date Opened:

Date Due:

Date Completed:

Description:

Lori Petre

2/11/2004

3/3/2004

We will run the encounter edits and audits process daily, but we will only run the adjudicated encounter 277U and appended on Tuesday's and Thursday's just to try and maximum those windows. We will monitor that, and if we find that it is not working, we will change that schedule. I will send you all an email confirming that.

Wednesday, March 10, 2004

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## Consortium Mtg Closed Issues/Action Items Report

Transaction: 837

HIPAA Consortium Meeting

**Resolution:**

Per Lori Petre - completed.

**Issue/Action #**

A-837-00305

Encounters

2-High

Consortium Membe

Closed

**Action Item**

Check the 837 Encounter Companion Document, Element GS02, to ensure

**Responsible Person:**

Melonie Carnegie

**Date Opened:**

1/28/2004

**Date Due:**

**Date Completed:**

1/28/2004

**Description:**

Q: Did that change again? The current companion document says tax ID.

A: We will verify that, and if necessary, it will be corrected prior to going out on the website.

**Resolution:**

Verified that the 837 Encounters Companion Document, Element GS02 reads AHCCCS health plan ID.

**Issue/Action #**

A-837-00303

Claims

2-High

Consortium Membe

Closed

**Action Item**

From which segment of the 837 are you getting the amount?

**Responsible Person:**

Dennis Koch

**Date Opened:**

1/28/2004

**Date Due:**

**Date Completed:**

2/11/2004

**Description:**

The not processed yet email states that email for the file (giving the file name) has not been validated yet explaining that when the file has been validated, you will receive a separate email notifying you of that validation.

Q: On the amount, which segment of the 837 are you talking about?

A: Can we get back to you at the next Consortium meeting with that answer?

**Resolution:**

Provided at the 2/11/04 Consortium meeting:

It is in the CLM02, the claim total charge amount.

**Issue/Action #**

A-837-00274

2-High

Consortium Membe

Closed

## Consortium Mtg Closed Issues/Action Items Report

Transaction: 837

### HIPAA Consortium Meeting

Action Item	Q: When was it effective that the outpatient could not reflect ICD9s?	Responsible Person:	Date Opened:	Date Due:	Date Completed:
		Lori Petre	10/8/2003		10/10/2003
	<b>Description:</b> Q: When was it effective that the outpatient could not reflect ICD9s? Action Item: This is a HIPAA rule, we will check if this is reflected in the UB manual.				
	<b>Resolution:</b> As follow-up to the discussions on ICD9 that occurred in Wednesday Consortium meeting please see the following information.  Excerpt #1: Lori, this is probably the best outline/detail regarding the ICD9CM procedure code.... The health plans may find it helpful. MK -----Original Message----- From: Walter Suarez [mailto:walter.suarez@sga.us.com] Sent: Thursday, October 09, 2003 9:42 PM To: WEDI Codesets Subworkgroup List Subject: RE: ICD-9-CM for UB92 issue - not allowed for hospitals outpatient claims  [My apologies for the lengthy response] Thuky,  This is one of those 'sleeper' issues that just got 'unearthed' and is causing major headaches among providers and private payers.  During the most recent CMS conference calls, CMS officials clarified that the regulations (and not the Implementation Guides) are the ones establishing the requirement to use ICD-9 Vol 3 for inpatient procedures and CPT/HCPSC for outpatient hospital procedures. Below is the specific citations from the final HIPAA regs that specify these selective coding use requirements. They all seemed a bit surprised during the call as to why this issue was only uncovered until now. I guess part of the reason might have been that for quite some time, Medicare has been requiring CPT/HCPSC for outpatient hospital procedures. So, it wasn't a problem for them at all. But many private payers did not move away from requiring providers to submit ICD-9 procedure codes to bill for these services. And now the main issue is that those payers and providers have contracts in place defining this code use and establishing reimbursement policies based on them. Many providers are probably able to use either code, since they bill some payers (like Medicare) with the CPT/HCPSC and other payers with the ICP-9 codes. But, again, the problem seems to be in the contracts.  I understand CMS officials and industry reps from AHA, NUBC and others are working on how to address this issue, and hopefully soon we will see a FAQs.  A final thought: to CMS credit, this was something specifically addressed in the lengthy preamble to the Aug 17, 2000 final rule publication. I have				

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 837

### HIPAA Consortium Meeting

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extracted below some of the comments and responses from it, where they specifically clarify that covered entities using ICD-9 for outpatient hospital procedures will need to move to the new required code set standard.  
Walter.

=====

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42 CFR References (I've bolded the key items):

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-- 162.1000 General requirements. When conducting a transaction covered by this part, a covered entity must meet the following requirements: (a) Medical data code sets. Use the applicable medical data code sets described in §162.1002 as specified in the implementation specification adopted under this part that are valid at the time the health care is furnished. (b) Nonmedical data code sets. Use the nonmedical data code sets as described in the implementation specifications adopted under this part that are valid at the time the transaction is initiated.

-- 162.1002 Medical data code sets. The Secretary adopts the following code set maintaining organization's code sets as the standard medical data code sets:

(a) International Classification of Diseases, 9th Edition, Clinical Modification, (ICD-9-CM), Volumes 1 and 2 (including The Official ICD-9- CM Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following conditions: (1) Diseases. (2) Injuries. (3) Impairments. (4) Other health problems and their manifestations. (5) Causes of injury, disease, impairment, or other health problems.

(b) International Classification of Diseases, 9th Edition, Clinical Modification, Volume 3 Procedures (including The Official ICD-9-CM Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals: (1) Prevention. (2) Diagnosis. (3) Treatment. (4) Management.

[... (c) and (d) skipped - they reference the NDC and CDP, not relevant in this discussion ...]

(e) The combination of Health Care Financing Administration Common Procedure Coding System (HCPCS), as maintained and distributed by HHS, and Current Procedural Terminology, Fourth Edition (CPT-4), as maintained and distributed by the American Medical Association, for physician services and other health care services. These services include, but are not limited to, the following: (1) Physician services. (2) Physical and occupational therapy services. (3) Radiologic procedures. (4) Clinical laboratory tests. (5) Other medical diagnostic procedures. (6) Hearing and vision services. (7) Transportation services including ambulance.

[... (f) reference the HCPCS for all other substances, DME, medical supplies, or other items used in health care services ...]. These items

Relevant preamble discussion sections (Federal Register Vol 65 No. 160 - Aug 17, 2000 - Pages 50324-50325):

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 837

### HIPAA Consortium Meeting

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"c. Code Sets Proposed. The following code sets were proposed as initial standards:

(a) Diseases, injuries, impairments, other health related problems, their manifestations, and causes of injury, disease, impairment, or other healthrelated problems. The standard code set for these conditions is the International Classification of Diseases, 9th edition, Clinical Modification, (ICD-9-CM), Volumes 1 and 2, as maintained and distributed by the U.S. Department of Health and Human Services. The specific data elements for which the ICD-9-CM is the required code set are enumerated in the implementation specifications for the transaction standards that require its use.

(b) Procedures or other actions taken to prevent, diagnose, treat, or manage diseases, injuries and impairments. (1) Physician Services. The standard code set for these services is the Current Procedural Terminology (CPT-4) maintained and distributed by the AMA. The specific data elements for which the CPT-4 (including codes and modifiers) is a required code set are enumerated in the implementation specifications for the transaction standards that require its use. (2) Dental Services. The standard code set for these services is The Code on Dental Procedures and Nomenclature, printed as "The Code" and published as CDT, maintained and distributed by the ADA for a charge. The specific data elements for which the Dental Code is a required code set are enumerated in the implementation specifications for the transaction standards that require its use.

(3) Inpatient Hospital Services. The standard code set for these services is the International Classification of Diseases, 9th edition, Clinical Modification (ICD-9-CM), Volume 3 procedures, maintained and distributed by the U.S. Department of Health and Human Services. The specific data elements for which ICD-9-CM, Volume 3 procedures, is a required code set are enumerated in the implementation specifications for the transaction standards that require its use.

b. Comment: Two commenters stated that the proposal did not reflect current uses of some code sets. One commenter stated that in addition to being used for inpatient procedural coding, the ICD-9- CM procedure codes are also required by many health plans for the reporting of facility-based outpatient procedures. The second commenter pointed out that in addition to being used by physicians and other health care professionals, the combination of HCPCS level I and CPT-4 is required for reporting ancillary services such as radiology and laboratory services and by some health plans for reporting facility-based procedures. Further, Medicare currently requires HCPCS level II codes for reporting services in skilled nursing facilities.

Response: Health plans must conform to the requirements for code set use set out in this final rule. Therefore, if a health plan currently requires health care providers to use CPT-4 to report inpatient facility-based procedures, they both would be required to convert to ICD-9.

We agree that the proposal did not reflect all current uses of some code sets. For example, we agree that CPT-4 is commonly used to code laboratory tests, yet laboratory tests are not necessarily considered to be physician services. Moreover, the proposed rule implied that laboratory tests are a type of other health care service which are encoded using HCPCS. We believe that the architecture of both coding sets, HCPCS and CPT-4, is such that they are both frequently used for coding physician and other health care services. Both of these medical data code sets are standard medical data code sets and may be used in standard transactions (see § 162.1002(e)). Therefore, a health plan using CPT-4 to report outpatient facility-based procedures would not be required to change that practice.

In addition, the proposed rule did not itemize the types of services included in other health care services. These other health care services include the ancillary services, radiology and laboratory which are mentioned in the comment, as well as other medical diagnostic procedures, physical and occupational therapy, hearing and vision services, and transportation services including ambulance. Similarly, other substances, equipment, supplies, or other items used in health care services includes medical supplies, orthotic and prosthetic devices, and durable medical equipment.

In the final rule, we clarify the description of physician and other health care services and we recognize that two code sets (CPT-4 and HCPCS) are used to specify these services. In the proposed rule, we used the term "health-related services" to help describe these services. We believe that use of the term "health-related services" might suggest that these services are not health care. In an effort to prevent this confusion, and because the codes in this category are used to enumerate services meeting the definition of health care, we are using what we believe is the more appropriate term ("health care services") to describe these services. We note that the substance of the category remains the same. The final rule has been revised to indicate that the

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## *Consortium Mtg Closed Issues/Action Items Report*

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Transaction: 837

### HIPAA Consortium Meeting

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combination of HCPCS and CPT-4 will be used for physician services and other health care services. The use of ICD-9-CM procedure codes is restricted to the reporting of inpatient procedures by hospitals.

In § 162.1002 we clarify the use of medical code sets. The standard code sets are the following: (a) ICD-9-CM, Volumes 1 and 2 (including The Official ICD-9-CM Guidelines for Coding and Reporting), is the required code set for diseases, injuries, impairments, other health problems and their manifestations, and causes of injury, disease, impairment, or other health problems. b) ICD-9-CM Volume 3 Procedures (including The Official ICD-9-CM Guidelines for Coding and Reporting) is the required code set for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals: prevention, diagnosis, treatment, and management. (c) NDC is the required code set for drugs and biologics. (d) Code on Dental Procedures and Nomenclature is the code set for dental services. (e) The combination of HCPCS and CPT-4 is the required code set for physician services and other health care services. (f) HCPCS is the required code set for other substances, equipment, supplies, and other items used in health care services.

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> From: rxthukr@regence.com [<mailto:rxthukr@regence.com>]

> Sent: Thursday, October 09, 2003 1:23 PM

> To: WEDI Codesets Subworkgroup List

> Subject: ICD-9-CM for UB92 issue - not allowed for  
> hospitals outpatient claims

>

> Good morning -

> Last Friday there was discussion on the CMS

> ruling that the ICD-9-CM codes could only be

> used for Hospital inpatient claims and not allowed

> for outpatient claims. We are very interested in

> reviewing the official notification that stated this

> - whether from CMS, HHS, or CDC. If anyone has a

> copy or reference could you please forward it to me.

>

> We have seen the AHIMA alert but that is not an

> official source. We are looking for the source that

> has legal jurisdiction to make this statement.

>

> Thanks very much in anticipation.....

> Thuky

>

> rxthukr@regence.com

> 206.287.5418

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Excerpt 2:

Question/Answer 2357 on the CMS FAQ website:

## Consortium Mtg Closed Issues/Action Items Report

Transaction: 837

### HIPAA Consortium Meeting

Posted: 10/8/2003  
CMS FAQ:  
[http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std\\_adp.php?p\\_faqid=2357&p\\_created=1065631578](http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=2357&p_created=1065631578)

Question:  
Can ICD-9-CM procedure codes be reported on hospital outpatient claims? If I use HCPCS codes to report hospital outpatient services at the "required" service line level segment for a claim, may I use the ICD-9-CM procedure codes to report hospital outpatient services at the claim level "situational" segment?

Answer:  
NO. ICD-9-CM procedure codes were named as the HIPAA standard code set for inpatient hospital procedures. The ICD-9-CM procedure codes were not named a HIPAA standard for procedures in other settings such as hospital outpatient services or other types of ambulatory services. Hospitals may capture the ICD-9-CM procedure codes for internally tracking or monitoring hospital outpatient services; but when conducting standard transactions, hospitals must use HCPCS codes to report outpatient services at the service line level and the claim level, if the situation applies. Even though an ICD-9-CM procedure code qualifier is available, in addition to a HCPCS code qualifier, at the "situational" claim level segment, the Transactions and Code Sets regulation states that ICD-9-CM procedure codes is the adopted standard code set for hospital inpatient services.

In order to continue operations and maintain cash flow, providers, as part of their contingency plan, could continue to report hospital outpatient services with ICD-9-CM procedure codes if required by the health plan. However, health plans must realize that reporting hospital outpatient services with ICD-9-CM procedures codes on standard claim transactions is not compliant, and that their good faith efforts to come into compliance must include the steps being taken to change this requirement.

Posted:  
CMS FAQ:  
[http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std\\_adp.php?p\\_faqid=2357&p\\_created=1065631578](http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=2357&p_created=1065631578)

Issue/Action #	A-837-00251	Encounters	2-High	Consortium Membe	Closed				
Action Item	Do you have a reason code crosswalk for the CAS segment?	Responsible Person:	Date Opened:	Date Due:	Date Completed:				
		Lori Petre	8/27/2003		10/22/2003				
	Description:								
	Do you have a reason code crosswalk for the CAS segment?								
	Action Item: We are still working at it.								
	Resolution:								

## Consortium Mtg Closed Issues/Action Items Report

Transaction: 837

### HIPAA Consortium Meeting

102203 Email MK: All adjustment reason codes will be accepted. No Crosswalk is needed.

<b>Issue/Action #</b>	A-837-00236	Other - see notes below	2-High	Consortium membe	Closed
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Action Item	adjustment reason codes meaning what you paid and why you paid	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	8/13/2003		10/22/2003

**Description:**

For us to figure out the Health plan payment we identify who the Health Plan was and get the actual payment amounts, everything else is considered as Other payer payment amounts.

Even if health plan pays 0, two loops are expected.

The hp paid amounts are a required field.

Action: We will need to put adjustment reason codes meaning what you paid and why you paid.

**Resolution:**

Email MK 102203: The Health plan must send in the CAS segments with what and how the claim/line was paid.

<b>Issue/Action #</b>	A-837-00223	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	We hope to have some 837 initial examples to walk through by the next	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	7/16/2003		8/28/2003

**Description:**

We hope to have some 837 initial examples to walk through by the next Consortium meeting.

**Resolution:**

Completed.

<b>Issue/Action #</b>	A-837-00203		1-Critical	Lori Petre	Closed
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## *Consortium Mtg Closed Issues/Action Items Report*

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**Transaction: 837**

### **HIPAA Consortium Meeting**

Action Item		Responsible Person:	Date Opened:	Date Due:	Date Completed:
	Consideration of a delayed implementation of 837 Encounters	Lori Petre	6/4/2003		6/30/2003
	<b>Description:</b> Consideration of a delayed implementation of 837 Encounters. Once we have heard from everyone, we will work on our decision regarding encounters and notify you by the middle of next week. We would like to get this out as soon as possible, so you can start thinking about further implications.				
	<b>Resolution:</b> A final decision was made to delay the HIPAA Encounter Implementation date to 01/16/2004. This decision impacts the 834 I/P/D, NCPDP and U277 transactions.				

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## Consortium Mtg Closed Issues/Action Items Report

Transaction: 837 Claims (all)

HIPAA Consortium Meeting

State: AZ

<b>Issue/Action #</b>	A-837-00256	Claims	2-High	Consortium Membe	Closed
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Action Item

Q: For late charges, how are we going to refer the old claim?

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

MaryKay McDaniels

9/17/2003

10/22/2003

**Description:**

Q: For late charges, how are we going to refer the old claim?

Action Item: This is one that we are working on to layout along with the denial codes.

**Resolution:**

102203 email MK: Per Brent, Late charges are not allowed. Should not be an issue.

<b>Issue/Action #</b>	A-837-00266	Claims	2-High	Consortium Membe	Closed
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Action Item

We will share with you which providers are certified via Web.

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Lori Petre

10/8/2003

10/23/2003

**Description:**

We will share with you which providers are certified via Web.

**Resolution:**

Completed.

<b>Issue/Action #</b>	A-837-00241	Claims	2-High	Lori Petre	Closed
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Action Item

CMS testing status – email sent requesting status and another will be

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Lori Petre

8/13/2003

8/28/2003

**Description:**

CMS testing status – email sent requesting status and another will be sent to those who have not replied.

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 837 Claims (all)

HIPAA Consortium Meeting

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**Resolution:**

Completed

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**Issue/Action #**

A-837-00239

Claims

2-High

Mary Kay McDaniel

Closed

Action Item

Segment summary sheets will be sent out with minutes.

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

MaryKay McDaniels

8/13/2003

8/21/2003

**Description:**

Action: Segment summary sheets will be sent out with minutes.

**Resolution:**

Health plans have the information in the Implementation Guides, not necessary to send out, but need to have at next Consortium meeting for discussions.

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**Issue/Action #**

A-837-00238

Claims

2-High

Consortium membe

Closed

Action Item

Follow-up of provider number at line levels

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Lori Petre

8/13/2003

8/21/2003

**Description:**

Q: How many health plans will allow in system line level providers different from the header level provider #? Can you adjudicate that claim?

A: From an encounter perspective then we will not look at getting different providers at that line. That is five additional id numbers that may need to be carried at the line level.

AHCCCS can capture this information but not adjudicate it.

Action: Follow-up of provider number at line levels. Mary Kay or Lori?

**Resolution:**

Completed. Took out of the maps.

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 837 Encounters (all)

HIPAA Consortium Meeting

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State: AZ

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<b>Issue/Action #</b>	A-837-00296		2-High	Lori Petre	Closed
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Action Item

Examples to show how these would look being paid at the line.

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

MaryKay McDaniel

12/18/2003

1/23/2004

**Description:**

Loop ID – 2320 Other Subscriber Information

Again, the difference is usually seen in the 2320 Loop. We have the difference between what was paid and what was billed in the CAS segment, and there was a prompt pay discount on this one. I know that we had some questions on prompt pay discount so I actually got one in there. The health plan paid amount was \$3100.00; the allowed amount was \$3300.00.

**Resolution:**

Done.

---

**Issue/Action #**

A-837-00295

2-High

Consortium Membe

Closed

Action Item

Will extract this one and a few others that are real frequent questions we are

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Lori Petre

12/18/2003

1/30/2004

**Description:**

Loop ID – 2310E Service Facility Name

The Service Facility was 123 Hospital of the Sun. They were the Rendering Provider, and their AHCCCS Provider ID number was 125896. The bigger pushback does not come from the name; it comes from having to have an ID number. On hospital claims especially. You cannot fill this field with all 1s, as it is not a valid number. It will take all 9s. Providers do not like all 3s. That is one that you may hear back from your provider that they don't like. Other than these exceptions, you can pretty much put what you want into this field.

Q: Since there are not that many people here really, are you going to put that out through an email or something?

A: (Lori Petre) I have been trying to keep track of the kind of questions that I have been getting time and time again from providers, and we will try to extract some of those. This is one that the Hospital Association brings up every single time.

**Resolution:**

Per Lori Petre, Mel and MaryKay are putting together a list of useful information so assist with this process.

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## Consortium Mtg Closed Issues/Action Items Report

Transaction: 837 Encounters (all)

HIPAA Consortium Meeting

Issue/Action #	A-837-00294	Encounters	2-High	Consortium Membe	Closed
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Action Item	Have the 837 Encounter Companion Document published as an emergency	Responsible Person:	Date Opened:	Date Due:	Date Completed:
		Melonie Carnegie	12/18/2003		12/19/2003
	Description:				
	Resolution:				
	837 Encounter Companion Document V2.0 published to the AHCCCS HIPAA website on Friday, 12/19/03.				

Issue/Action #	A-837-00297	Encounters	2-High	Lori Petre	Closed
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Action Item	To add more examples in this area to be dispersed prior to the next meeting for	Responsible Person:	Date Opened:	Date Due:	Date Completed:
		MaryKay McDaniel	12/18/2003		1/23/2004
	Description:				
	Loop ID – 2430 Line Adjudication Information The third place that it has to be is on the 2430 SVD01. When we are doing matches to say that somebody made a payment on this line, we have to match back up to the 2330B NM109 to say who made this payment. So we are matching up based upon that number again. If this had been Medicare, it would have a Medicare number in the NM109 in the 2330B, and the Medicare number in the SVD01 to match back to that particular loop.				
	Resolution:				
	Done				

Issue/Action #	A-837-00284	Encounters	2-High	Brent Ratterree	Closed
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Action Item	Action Item: A draft encounter manual will be sent prior to the next consortium.	Responsible Person:	Date Opened:	Date Due:	Date Completed:
		Brent Ratterree	10/29/2003		11/25/2003
	Description:				
	Action Item: A draft encounter manual will be sent prior to the next consortium.				
	Resolution:				

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## ***Consortium Mtg Closed Issues/Action Items Report***

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**Transaction: 837 Encounters (all)**

**HIPAA Consortium Meeting**

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Draft encounter manual was emailed internally and to contractors on November 25, 2003.
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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 837 Inst. Claims

HIPAA Consortium Meeting

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State: AZ

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<b>Issue/Action #</b>	A-837-00138	Claims	2-High	Lori Petre	Closed
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Action Item	A draft Companion document version will be put out on the Claims 837 next week.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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<b>Description:</b>		4/9/2003		4/16/2003
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A draft Companion document version will be put out on the Claims 837 next week.

**Resolution:**

The document has been placed on the Web site as of 04/16/03.

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<b>Issue/Action #</b>	A-837-00159	HIPAA Enhancements	2-High	Consortium Membe	Closed
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Action Item	Contingency plan 837	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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<b>Description:</b>		5/14/2003	6/4/2003	6/11/2003
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The 835 and 837 contingencies will be available by the end of the month, or no later than 06/04/03..

**Resolution:**

Emailed

## Consortium Mtg Closed Issues/Action Items Report

Transaction: 997

HIPAA Consortium Meeting

State: AZ

<b>Issue/Action #</b>	A-997-00206	Other - see notes below	1-Critical	Lori Petre	Closed
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Action Item	Outbound Acknowledgment document needs to be replaced in directory and	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

MaryKay McDaniels

6/4/2003

6/30/2003

Outbound Acknowledgment document needs to be replaced in directory and emailed.

**Resolution:**

Final Acknowledgement Flows emailed 06/30/03.

<b>Issue/Action #</b>	A-997-00155	Acknowledgements	2-High	Lori Petre	Closed
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Action Item	Why do we need to send an acknowledgment if there is a problem?	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

5/14/2003

6/27/2003

Why do we need to send an acknowledgment if there is a problem? Will we have a process to alert us that there is a problem?

**Resolution:**

See A-997-00206

<b>Issue/Action #</b>	A-997-00132	Acknowledgements	2-High	Lori Petre	Closed
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Action Item	We will look at a notification of what was accepted from the load process, since	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

Nancy Mischung

6/27/2003

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 997

HIPAA Consortium Meeting

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**Resolution:**

See A-997-00206.

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<b>Issue/Action #</b>	A-997-00131	Acknowledgements	2-High	Lori Petre	Closed
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Action Item

We will go back and check the flow regarding the 997.

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

4/14/2003

4/14/2003

**Description:**

We will go back and check the flow regarding the 997.

**Resolution:**

Corrections have been made and emailed to Consortium members 04/14/03.

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<b>Issue/Action #</b>	A-997-00227	Acknowledgements	2-High	Lori Petre	Closed
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Action Item

The folders for the acknowledgements are ready and we can begin accepting

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Lori Petre

7/16/2003

8/28/2003

**Description:**

The folders for the acknowledgements are ready and we can begin accepting your 997s. We will send an email notifying you if these are processing well.

**Resolution:**

Completed.

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<b>Issue/Action #</b>	A-997-00233	Acknowledgements	2-High	Consortium membe	Closed
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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: 997

### HIPAA Consortium Meeting

Action Item	834 Acknowledgement flows, interpretation of the IG, if you are	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	8/13/2003		11/4/2003
	<b>Description:</b>				
	Q: 834 Acknowledgement flows, interpretation of the IG, if you are requiring a stamp that correlates to what the 997 is responding, then our take is that it makes a 997 not following the standard format. If we or anyone comes up with a new version of a 997, then we will be in trouble, since that tells the translator what version we are working with.  This is the issue with a 4010, where the X12 workgroup 8 came out with a recommendation. The recommendation is to use the larger number, since you are telling someone what you are responding to.  This also tells your translator what version you are using. Then this is a GS08 issue. Action Item: MaryKay will look into this.				
	<b>Resolution:</b>				
	Close, resolved.				

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<b>Issue/Action #</b>	A-997-00249	Acknowledgements	2-High	Consortium membe	Closed
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Action Item	We will compile the issues re: Acknowledgements. Dennis will receive	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	8/27/2003		11/4/2003
	<b>Description:</b>				
	<b>Resolution:</b>				
	Close, resolved.				

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<b>Issue/Action #</b>	A-997-00261	Acknowledgements	2-High	Consortium Membe	Closed
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## Consortium Mtg Closed Issues/Action Items Report

Transaction: 997

### HIPAA Consortium Meeting

Action Item	Action Item: Issue has been raised again from a Health plans' perspective of	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	9/17/2003		10/7/2003
	<b>Description:</b>				
	Action Item: Issue has been raised again from a Health plans' perspective of getting the 5.1 to AHCCCS; this is an issue for at least two of the health plans.				
	<b>Resolution:</b>				
	Per Brent, found a batch 1.1 acknowledgement that we will use.				

<b>Issue/Action #</b>	A-997-00263	Acknowledgements	2-High	Consortium Membe	Closed
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Action Item	Action Item: MaryKay will compile what we have discussed in reference to	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	9/17/2003		10/22/2003
	<b>Description:</b>				
	Action Item: MaryKay will compile what we have discussed into a flow and attempt to send it out before next consortium meeting.				
	<b>Resolution:</b>				
	Email MK 102203: This was for NCPDP and has been put on hold. (And the 997 will not be used to respond to NCPDP transactions - if used. We will use the NCPDP response.				

<b>Issue/Action #</b>	A-997-00252		2-High	Consortium Membe	Closed
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Action Item	We will review the 997 version.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	8/27/2003		9/17/2003
	<b>Description:</b>				
	Q: What did we resolve on the 997 GS08? Our stance is ... you want the 997 version as the response. A: I read that the date is 4010, then the actual. GS08 for a 997 is 4010. The actual version that you are responding to is at the end of the segment. Action Item: We will review the 997 version.				
	<b>Resolution:</b>				

## Consortium Mtg Closed Issues/Action Items Report

Transaction: 997

### HIPAA Consortium Meeting

Resolved.

<b>Issue/Action #</b>	A-997-00258		2-High	Consortium Membe	Closed
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Action Item

There is a specific folder for you to place 997's in.

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Lori Petre

9/17/2003

10/22/2003

**Description:**

Q: 997 issues

A: there is a specific folder for you to place those in.

Action Item: We will send the folder name/path to everyone.

**Resolution:**

11FTP/HP ID/HLP/ACKIN/PROD TEST

<b>Issue/Action #</b>	A-997-00137	Acknowledgements	2-High	Lori Petre	Closed
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Action Item

We will send a follow up question regarding the acknowledgement

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

4/9/2003

4/14/2003

**Description:**

We will send a follow up question regarding the acknowledgement transactions, requesting some input prior to our next consortium meeting.

**Resolution:**

Email sent 04/14/03

<b>Issue/Action #</b>	A-997-00257	Acknowledgements	2-High	Consortium Membe	Closed
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Action Item

Dennis will send a formal response via email to everyone re: acknowledgements

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

Lori Petre

9/17/2003

10/22/2003

**Description:**

We do receive a spreadsheet of 997 that are processed and if any issues exist this spreadsheet will be sent.

We are currently testing out the process.

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## *Consortium Mtg Closed Issues/Action Items Report*

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**Transaction: 997**

**HIPAA Consortium Meeting**

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Q: We are trying to send off two TA1s...  
Will you accept the 997s with a tilde or carriage return?  
A: Yes

One has to do with the transmission and another with the EDI.

Q: This is an issue for us. We would prefer to use .....  
Action Item: Dennis will send a formal response via email to everyone.

**Resolution:**

Completed.

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: MAP-MERCATOR

HIPAA Consortium Meeting

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State: BOTH

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<b>Issue/Action #</b>	A-MAP-00153	Other - see notes below	2-High	Nancy Mischung	Closed
Action Item	Document stating the approach on how to handle the situational elements.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
	<b>Description:</b>	Nancy Mischung	5/14/2003		9/3/2003
	Document stating the approach on how to handle the situational elements. We will look to publish something explaining this.				
	<b>Resolution:</b>				
	completed.				

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: NCPDP Claims

HIPAA Consortium Meeting

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State: AZ

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<b>Issue/Action #</b>	A-NCP-00166	Claims	2-High	Consortium Membe	Closed
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Action Item	Concerns expressed via internet on NCPDP will be placed on the list.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Brent Ratterree	5/14/2003		10/6/2003
	<b>Description:</b> Concerns expressed via internet on NCPDP will be placed on the list.				
	<b>Resolution:</b> To be addressed at the consortium meeting.				

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## Consortium Mtg Closed Issues/Action Items Report

Transaction: NCPDP Enc.

HIPAA Consortium Meeting

State: AZ

<b>Issue/Action #</b>	A-NCP-00307	Encounters	2-High	Consortium Membe	Closed
Action Item	NCPDP Specs for the next Consortium meeting.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
	<b>Description:</b>	MaryKay McDaniel	1/28/2004		2/11/2004
	Q: Are you going to email some type of specs to us? A: There will be another Consortium meeting in two weeks, and we will have something for you then.				
	<b>Resolution:</b>				
	NCPDP Transaction Specifications handout was issued and discussed at the 2/11/04 Consortium meeting.				

  

<b>Issue/Action #</b>	A-NCP-00311		2-High	Consortium Membe	Closed
Action Item	Email the health plans the options for the health plan claim number.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
	<b>Description:</b>	Lori Petre	2/11/2004		2/12/2004
	Q: Can we quickly run through again the options for the health plan claim ID? A: Lori Petre – Yes, and we will follow-up with an email either this afternoon or first thing tomorrow.  There are six options that we will be sending out so you can vote on them. They are 1) Detail Data Record Transaction Reference Number; 2) Transaction Header Processor Control Number; 3) Insurance Group ID; 4) Workers Compensation Claim Reference ID; 5) Prior Authorization; 6) Alternate ID.				
	<b>Resolution:</b>				
	From: <input type="checkbox"/> Petre, Lori Sent: <input type="checkbox"/> Thursday, February 12, 2004 2:44 PM To: <input type="checkbox"/> Al Kamarauskas (E-mail); Anne Romer (MCP secondary) (E-mail); Art Schenkman (MCP primary) (E-mail); Becky Ducharme (Yavapai LTC secondary) (E-mail); Bill Duncan (E-mail); Brenda Hanserd (E-mail); Brian Heise (DHS/CRS primary) (E-mail); C. J. Major (DHS/BHS primary) (E-mail); Carnegie, Melonie; Dave Abraham (E-mail); David Gardner (E-mail); David Soderberg (Yavapai LTC primary) (E-mail); David Wormell (IPA primary) (E-mail); Ethan Schweppe (HC AZ secondary) (E-mail); Grace Palmer (Pinal LTC secondary) (E-mail); Greg Lucas (E-mail); Healthcare Systems Development (Pinal/Cochise LTC primary) (E-mail); Herb Woo (Care1st primary) (E-mail); Jack Corcoran (Cigna primary) (E-mail); Jeannie Harmon (E-mail); Joanne Ward (E-mail); John Valentino (UFC primary) (E-mail); Kathleen Oestreich (UFC secondary) (E-mail); Lucy Markov (IPA secondary) (E-mail);				

Wednesday, March 10, 2004

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## Consortium Mtg Closed Issues/Action Items Report

Transaction: NCPDP Enc.

HIPAA Consortium Meeting

mail); Major Williams (DES/CMDP primary) (E-mail 2); Marcella Gonzalez (E-mail); Mark Hart (Pima HP primary) (E-mail); Michael Fletcher (MCP secondary) (E-mail); Mike Uchirin (HCAZ primary) (E-mail); Nancy Ferguson (E-mail); Paul Benson (E-mail); Russell Johnson (NEAZ primary) (E-mail); Sean Stepp (E-mail); Sharon Zamora (IPA secondary) (E-mail); Stan Hime (DES/CMDP secondary) (E-mail); Sue Speicher (Cochise LTC secondary) (E-mail); Susan Murphy (E-mail); Susan Ross (DHS/BHS secondary) (E-mail); Thomas Browning (DHS/CRS secondary) (E-mail); Todd Armour (NEAZ secondary) (E-mail); Upchurch, Nancy; Vicki Johnson (Evercare primary) (E-mail)  
Cc: Ratterree, Brent; Solomon, Marsha; Carnegie, Melonie  
Subject: Resolution of Outstanding NCPDP Question

Health Plan Claim Number:

Per the NCPDP Medicaid Subrogation Implementation Guide Version 2 Release 0 dated November 2000

Field 330-CW - Alternate ID, found on the Claim Segment:

The Medicaid unique claim identification number (also referred to as the ICN or TCS) is to be submitted in the Alternate ID field. This information is required on the claim submitted and the response received for the original adjudicator to identify the claim within their system.

I believe this answers the question...

No voting needed...

Issue/Action #	A-NCP-00306	Encounters	2-High	Consortium Membe	Closed
Action Item	Lori Petre – I will email you the spreadsheet that will give you these	Responsible Person:	Date Opened:	Date Due:	Date Completed:
	Description:	Lori Petre	1/28/2004		1/28/2004
	Email health plans the excel spreadsheet of values.				
	Resolution:	Emailed health plans the excel spreadsheet of values on 1/28/04.			
Issue/Action #	A-NCP-00264		2-High	Consortium Membe	Closed



## Consortium Mtg Closed Issues/Action Items Report

Transaction: NCPDP Enc.

HIPAA Consortium Meeting

Action Item	Q: Health Plan - who would be validating/certifying the NCPDP	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	9/17/2003		10/7/2003
	<b>Description:</b> Q: Health Plan - who would be validating/certifying the NCPDP Transaction. U277 also needs certifying? A: Claredi does not certify NCPDP. So far there is no one certifying the NCPDP 5.1. Q: Who will AHCCCS use? Action Item: AHCCCS will need to follow-up on this item.				
	<b>Resolution:</b> Result from Brent: Patsy from NCPDP told me that WebMD is validating 5.1 transactions and that we may be able to obtain a 5.1 claims file from WebMD or Texas Medicaid In addition I have attached NCPDP's v5.x question & response document.				

<b>Issue/Action #</b>	A-NCP-00317	Encounters	2-High	Brent Ratterree	Closed
Action Item	Email the survey contents to Health Plans.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Brent Ratterree	2/11/2004		2/13/2004
	<b>Description:</b> There is a survey that went out this week to CEO's asking them to pass it down to the relevant folks to provide information for what is populating the patient account number field. Once we know that, then we can address these two questions.				
	<b>Resolution:</b> From: ☐Petre, Lori Sent: ☐Friday, February 13, 2004 5:24 PM To: ☐Al Kamarauskas (E-mail); Anne Romer (MCP secondary) (E-mail); Art Schenkman (MCP primary) (E-mail); Becky Ducharme (Yavapai LTC secondary) (E-mail); Bill Duncan (E-mail); Brenda Hanserd (E-mail); Brian Heise (DHS/CRS primary) (E-mail); C. J. Major (DHS/BHS primary) (E-mail); Carnegie, Melonie; Dave Abraham (E-mail); David Gardner (E-mail); David Soderberg (Yavapai LTC primary) (E-mail); David Wormell (IPA primary) (E-mail); Ethan Schweppe (HC AZ secondary) (E-mail); Grace Palmer (Pinal LTC secondary) (E-mail); Greg Lucas (E-mail); Healthcare Systems Development (Pinal/Cochise LTC primary) (E-mail); Herb Woo (Care1st primary) (E-mail); Jack Corcoran (Cigna primary) (E-mail); Jeannie Harmon (E-mail); Joanne Ward (E-mail); John Valentino (UFC primary) (E-mail); Kathleen Oestreich (UFC secondary) (E-mail); Lucy Markov (IPA secondary) (E-mail); Major Williams (DES/CMDP primary) (E-mail 2); Marcella Gonzalez (E-mail); Mark Hart (Pima HP primary) (E-mail); Michael Fletcher (MCP secondary) (E-mail); Mike Uchrin (HCAZ primary) (E-mail); Nancy Ferguson (E-mail); Paul Benson (E-mail); Russell Johnson (NEAZ primary) (E-mail); Sean Stepp (E-mail); Sharon Zamora (IPA secondary) (E-mail); Stan Hime (DES/CMDP secondary) (E-mail); Sue Speicher (Cochise LTC secondary) (E-mail); Susan Murphy (E-mail); Susan Ross (DHS/BHS secondary) (E-mail); Thomas Browning (DHS/CRS secondary) (E-mail); Todd Armour (NEAZ secondary) (E-mail); Upchurch, Nancy; Vicki Johnson (Evercare primary) (E-mail) Cc: ☐Carnegie, Melonie; McDaniel, Mary Kay Subject: ☐Consortium Meeting Follow-up				

Wednesday, March 10, 2004

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## *Consortium Mtg Closed Issues/Action Items Report*

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**Transaction: NCPDP Enc.**

**HIPAA Consortium Meeting**

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Per our discussion in the 2/11 Consortium meeting, the information below is an extract of the email that Brent Ratteree sent to the Health Plan/Program Contractor CEO's as part of a survey.

The original email contained multiple issues. I carved out the survey for you.

Pharmacy Patient Account Number

The current pharmacy encounter format contains the data element, Patient Account Number, but does not have Plan Document Control Number. To resolve the Plan Document Control Number mapping issue between the current pharmacy encounter format and the NCPDP pharmacy encounter format, please respond to the following:

Does your plan currently pass the PBM data in the Patient Account Number field directly to AHCCCS without adding additional information?

Does your plan replace the PBM data in the Patient Account Number field with your Plan Document Control Number and forward this information to AHCCCS?

If your plan does not pass or replace the PBM data in the Patient Account Number field, please describe what information is in the Patient Account Number field.

Please submit your response to me by February 23, 2004. Thank you.

If you have any questions regarding the pharmacy patient account number survey, please contact me.

Brent Ratteree  
Division of Health Care Management  
AHCCCS  
602.417.4571 v  
602.417.4725 f  
rbratteree@ahcccs.state.az.us  
www.ahcccs.state.az.us

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## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

HIPAA Consortium Meeting

State: AZ

Issue/Action #	A-OTH-00171	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Need to finalize B2B requirement handling for certification.	Responsible Person:	Date Opened:	Date Due:	Date Completed:
	Description:		4/9/2003		4/25/2003
	Need to finalize B2B requirement handling for certification.				
	Resolution:				
	The data itself needs to be certified and not the process. Additionally, the CEO, CFO, or designated individual needs to concurrently certify the data submitted. The process to create the data file could corrupt the data, but the individual certifying the data must certify after the process creates the data.				

Issue/Action #	I-OTH-00152	Claims	2-High	Lori Petre	Closed
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Issue	How to Dupe check and get it back out.	Responsible Person:	Date Opened:	Date Due:	Date Completed:
	Description:	Nancy Mischung	5/14/2003		8/28/2003
	How to Dupe check and get it back out of Mercator..				
	Resolution:				
	Completed.				

Issue/Action #	A-OTH-00170	Infrastructure	2-High	Lori Petre	Closed
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Action Item	The technical specs need to be available for direct access to the AHCCCS FTP	Responsible Person:	Date Opened:	Date Due:	Date Completed:
	Description:		4/15/2003		6/4/2003
	The technical specs need to be available for direct access to the AHCCCS FTP server.				

## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

HIPAA Consortium Meeting

**Resolution:**

Addressed.

**Issue/Action #**

A-OTH-00278

Other - see notes below

2-High

Consortium Membe

Closed

**Action Item**

The Delay Reason Code at this point in time will be accepted. There will be no

**Responsible Person:**

Lori Petre

**Date Opened:**

10/8/2003

**Date Due:**

**Date Completed:**

11/4/2003

**Description:**

The Delay Reason Code at this point in time will be accepted. There will be no processing associated with the code today.  
Action Item: Brent will put together in a longer term some uses for the delay reason code for timeliness

**Resolution:**

Delay reason code logic will be implemented in the future following initial HIPAA implementation.

**Issue/Action #**

A-OTH-00146

2-High

Lori Petre

Closed

**Action Item**

Mary Kay will look at this date file under FYI.

**Responsible Person:**

**Date Opened:**

3/12/2003

**Date Due:**

**Date Completed:**

3/22/2003

**Description:**

Mary Kay will look at this date file under FYI.

**Resolution:**

Done. See the updated companion guides.

**Issue/Action #**

A-OTH-00221

Other - see notes below

2-High

Lori Petre

Closed

## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

### HIPAA Consortium Meeting

Action Item	AHCCCS to inform Mercy Care how to submit both proprietary and HIPAA	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	7/16/2003		10/22/2003
	<b>Description:</b> AHCCCS to inform Mercy Care how to submit both proprietary and HIPAA format files.				
	<b>Resolution:</b> Mercy Care can send both Encounter files to the prod directory. Please name proprietary with current STDs. HIPAA file can be any other name, for now. This is to differentiate from the current production proprietary file.  Both proprietary and HIPAA 837 files can be submitted by Mercy. The Encounter Group will only move certified proprietary file to be processed by the production environment.				

<b>Issue/Action #</b>	A-OTH-00224	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Transmission file with one certification will be reviewed further.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	7/16/2003		8/28/2003
	<b>Description:</b> Transmission file with one certification will be reviewed further.				
	<b>Resolution:</b> Completed				

<b>Issue/Action #</b>	A-OTH-00225	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	A follow-up will be sent by next meeting asking for input on other options we have	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	7/16/2003		9/17/2003
	<b>Description:</b> A follow-up will be sent by next meeting asking for input on other options we have for certification.				
	<b>Resolution:</b>				

## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

HIPAA Consortium Meeting

Resolved.

<b>Issue/Action #</b>	I-OTH-00228	Other - see notes below	2-High	Lori Petre	Closed
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<b>Issue</b>	VPN issue – we are trying to automate the process and put in place a VPN	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	7/16/2003		8/28/2003

**Description:**

VPN issue – we are trying to automate the process and put in place a VPN concentrator. We want to do a LAN-to-LAN connection. Dennis will discuss this VPN issue with Network Services.

**Resolution:**

Completed

<b>Issue/Action #</b>	A-OTH-00229	Other - see notes below	2-High	Lori Petre	Closed
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<b>Action Item</b>	Need a summarization of impacts for the next consortium.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	7/16/2003		8/28/2003

**Description:**

Need a summarization of impacts for the next consortium.

**Resolution:**

Completed.

<b>Issue/Action #</b>	A-OTH-00230	Other - see notes below	2-High	Lori Petre	Closed
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<b>Action Item</b>	Email summarizing what we have heard for suggestions and requesting your	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	7/16/2003		8/28/2003

**Description:**

Email summarizing what we have heard for suggestions and requesting your inputs will be sent out.

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: OTHER

HIPAA Consortium Meeting

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**Resolution:**

Completed.

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**Issue/Action #**

A-OTH-00248

Other - see notes below

2-High

Consortium Membe

Closed

Action Item

We will include the materials that were presented to the CFOs on the Web site.

**Responsible Person:**

Nancy Mischung

**Date Opened:**

8/27/2003

**Date Due:**

**Date Completed:**

10/6/2003

**Description:**

**Resolution:**

This information was provided to Lori and she sent an e-mail to the Health Plan participants on Thursday, 8/28/03.

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**Issue/Action #**

A-OTH-00255

2-High

Consortium Membe

Closed

Action Item

Decisions were received from everyone. There will be one more opportunity to

**Responsible Person:**

Lori Petre

**Date Opened:**

9/17/2003

**Date Due:**

**Date Completed:**

9/25/2003

**Description:**

Decisions were received from everyone. There will be one more opportunity to change/validate that decision next week.  
Action Item: Next Wednesday we will send out another email to make sure that we captured what you elected.

**Resolution:**

Per Lori, Close, not rally an aciton item.

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**Issue/Action #**

A-OTH-00262

2-High

Consortium Membe

Closed

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## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

### HIPAA Consortium Meeting

Action Item	Request: Could we possibly get the minutes out sooner, preferably by next	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	9/17/2003		9/25/2003
	<b>Description:</b> Request: Could we possibly get the minutes out sooner, preferably by next week?				
	<b>Resolution:</b> Sent ahead of schedule.				

<b>Issue/Action #</b>	A-OTH-00211	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Survey was sent out regarding translators used and Claredi Workgroup,	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Mariaelena Ugarte	6/4/2003		8/5/2003
	<b>Description:</b> Survey was sent out regarding translators used and Claredi Workgroup, and we are now compiling information that will be sent out shortly.				
	<b>Resolution:</b> Completed.				

<b>Issue/Action #</b>	A-OTH-00277	Other - see notes below	2-High	MaryKay McDaniel	Closed
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Action Item	The Contract Type Code – Action Item: Contract Type Crosswalk	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	10/8/2003		10/22/2003
	<b>Description:</b> The Contract Type Code – Action Item: Contract Type Crosswalk will be put together of what is used today and what they will become				
	<b>Resolution:</b> Email MK 102203: Contract type codes did not change. There is no cross walk needed.				

<b>Issue/Action #</b>	A-OTH-00209	Other - see notes below	2-High	Lori Petre	Closed
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## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

HIPAA Consortium Meeting

Action Item	Problem Report Summaries: Primary and Secondary testing contacts will	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Mariaelena Ugarte	6/4/2003		8/6/2003
	<b>Description:</b> Problem Report Summaries: Primary and Secondary testing contacts will receive information with what was identified, fixed and dates.				
	<b>Resolution:</b> Problem Report Stats have been completed and posted to the WEB.				

<b>Issue/Action #</b>	A-OTH-00279	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Reschedule December 31, 2003 meeting	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	10/29/2003		11/19/2003
	<b>Description:</b> Reschedule December 31, 2003 meeting				
	<b>Resolution:</b> Completed. Rescheduled meetings 11/19, 12/10 and 12/31. All discussions to be held 12/04/03.				

<b>Issue/Action #</b>	A-OTH-00280	Other - see notes below	2-High	Consortium Membe	Closed
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Action Item	Q: And the diagnosis code? Mary Kay will take it off the Action Code	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		MaryKay McDaniel	10/29/2003		11/15/2003
	<b>Description:</b> The Action Code list is another handout provided that needs to be shared with all programmers. The changes are in bold. Q: And the diagnosis code? Action Item: Mary Kay will take it off since it is only valid for end stage renal disease.				
	<b>Resolution:</b> 111503 MK: Corrected.				

## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

### HIPAA Consortium Meeting

Issue/Action #	A-OTH-00281	Other - see notes below	2-High	Brent Ratterree	Closed
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Action Item	Local Codes handout	Responsible Person:	Date Opened:	Date Due:	Date Completed:
		Brent Ratterree	10/29/2003		11/18/2003

**Description:**

We had a few codes that were still an issue from the mapping document. Such as Transportation for Ambulatory Mileage and Urban stretcher mileage.  
Action Item: Will be sent out with the minutes.

**Resolution:**

Completed.

Issue/Action #	A-OTH-00282	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Issue identified by DHS the provider profile was not changed.	Responsible Person:	Date Opened:	Date Due:	Date Completed:
		Lori Petre	10/29/2003		11/19/2003

**Description:**

Issue identified by DHS the provider profile was not changed.  
Action Item: Lori will follow up on this piece, the coding is ready.

**Resolution:**

Change will be made, already communicated to plans.

Issue/Action #	A-OTH-00285	Other - see notes below	2-High	Consortium Membe	Closed
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Action Item	Provider tax id on the provider profile reports.	Responsible Person:	Date Opened:	Date Due:	Date Completed:
		Lori Petre	10/29/2003		11/19/2003

**Description:**

Q: Billing provider is required to have a tax id or SSN, why can't we get the tax id on the provider file?  
Action Item: We will take a look at the request for provider tax id on the provider profile reports.

**Resolution:**

Referred to Brent for consideration, would require an SSR.

## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

HIPAA Consortium Meeting

11/20/03 Per Brent: The R3 record on the monthly provider file contains the Tax ID or SSN. Multiple tax IDs, such as billing agent, service provider, and pay-to-provider, may be found on the R3 record. Unless I misunderstand the request, I do not believe an SSR is necessary.

<b>Issue/Action #</b>	A-OTH-00287	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Follow-up with list of certified clearinghouses.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	12/18/2003		1/23/2004

**Description:**

Q: Has AHCCCS come across any cheaper, smaller billing packages?

A: There are a couple of providers that we are hearing from just this week whom we have put off probably a month or so ago. I think they thought we were going to supply some solutions which none of us have had the budget to do so. Native Resource Development called this morning to say that they had found some software so we can certainly check on that. There are some clearinghouses that are marketing to some small providers. There is one that is doing a lot of the nursing homes, and they are just doing a bang up job. They are coming up within two or three days, and it seems to be cost effective for them. We can certainly share with you who we have certified and who those entities are because what we do is we make that available to these providers that are saying they don't know what to do.

**Resolution:**

Done.

<b>Issue/Action #</b>	A-OTH-00289	Other - see notes below	2-High	Consortium Membe	Closed
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Action Item	To check their (Healthcare Integration Group) website to see if she can pull	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		MaryKay McDaniel	12/18/2003		1/26/2004

**Description:**

MaryKay stated that at the Healthcare Integration Group, this was a topic of conversation about two meetings ago. They had some solutions on there that were some actual statements that they made out of the rules. Maybe we could help provide them with that.

**Resolution:**

From: □McDaniel, Mary Kay  
Sent: □Friday, January 23, 2004 3:23 PM  
To: □Ugarte, Mariaelena  
Subject: □RE: Action Item: A-OTH-00289

Done,  
it came in as an issue for Health Choice?? I think it was...

## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

HIPAA Consortium Meeting

MK

<b>Issue/Action #</b>	A-OTH-00290	Other - see notes below	2-High	Consortium Membe	Closed
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Action Item	Follow-up with Kari Price and Nan Jeannero.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Lori Petre	12/18/2003		3/3/2004

**Description:**

Q: Is there an outreach that AHCCCS can do for providers or is this something that should be brought up at CEO meetings?

A: We can certainly make note of it. I will talk to Kari Price and Nan Jeannero, and see if we have any ideas. Certainly we are more than happy to try to do some public relations with the clearinghouses. Most of the large clearinghouses everybody is going to share.

**Resolution:**

Per Lori Petre - completed.

<b>Issue/Action #</b>	A-OTH-00293	Other - see notes below	2-High	Consortium Membe	Closed
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Action Item	To follow-up on this open issue.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Melonie Carnegie	12/18/2003		1/23/2004

**Description:**

Q: Will there be anything on how AHCCCS is implementing the HIPAA Security Regs?

A: We forwarded this issue to the folks that are handling that component to make sure that you got the most current responses on those questions. Mel will follow up and get back to you.

**Resolution:**

Done.

<b>Issue/Action #</b>	A-OTH-00300	Encounters	2-High	Consortium Membe	Closed
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## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

### HIPAA Consortium Meeting

Action Item	Will follow-up on the reference tables not matching the actual crosswalks.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Brent Ratterree	1/28/2004		2/11/2004
	<b>Description:</b>				
	Q: Anything on when the reference tables will be updated to match the actual crosswalks? The data content is not the same as the matrix. A: A ticket was opened and forwarded on to the Business Unit because the table still does not match the crosswalks.				
	<b>Resolution:</b>				
	Per discussion at the 2/11/04 Consortium meeting:  Brent Ratterree – One thing that I know was a concern was that not all of the new rates were posted to the reference files. I have confirmed that all those new rates were posted to the reference files. The next step is how that is coming across to you, and we need to verify that information. Everything is current in the system now. If you have a specific example, go ahead and email us with that so we can take a look at it. This information is current as of this month.				

<b>Issue/Action #</b>	A-OTH-00270	Other - see notes below	2-High	Nancy Mischung	Closed
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Action Item	Isd_cust_supp@ahcccs.state.us Is our customer support address where	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Nancy Mischung	10/8/2003		11/4/2003
	<b>Description:</b>				
	Isd_cust_supp@ahcccs.state.us Is our customer support address where the tickets are opened and they will be asked to always provide a ticket number.				
	<b>Resolution:</b>				
	Close, resolved.				

<b>Issue/Action #</b>	A-OTH-00156	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Transactions to FTP server.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
			5/14/2003		6/4/2003
	<b>Description:</b>				
	Transactions to FTP server. There are firewalls that have the technology built into them. An example will be provided by Michael Anderson.				
	<b>Resolution:</b>				

## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

HIPAA Consortium Meeting

Addressed.

Issue/Action #

A-OTH-00124

Other - see notes below

3-Low

Gloria Collins

Closed

Action Item

We will check on what Tina had documented in reference to the

Responsible Person:

Date Opened:

Date Due:

Date Completed:

Description:

4/9/2003

6/4/2003

We will check on what Tina had documented in reference to the translators that each plan has.

Resolution:

Addressed.

Issue/Action #

A-OTH-00125

Other - see notes below

2-High

Closed

Action Item

We can make the documented FTP process available.

Responsible Person:

Date Opened:

Date Due:

Date Completed:

Description:

4/9/2003

6/4/2003

We can make the documented FTP process available.

Resolution:

Addressed.

Issue/Action #

A-OTH-00134

Testing

2-High

Lori Petre

Closed

Action Item

A representative test file, out of our system and integration testing would be

Responsible Person:

Date Opened:

Date Due:

Date Completed:

Description:

4/9/2003

6/4/2003

A representative test file, out of our system and integration testing would be logical. We will provide one for the Group 1 transactions by end of April and then at the end of May for Group 2.

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: OTHER

HIPAA Consortium Meeting

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**Resolution:**

Addressed.

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**Issue/Action #**

A-OTH-00135

Other - see notes below

2-High

Brent Ratterree

Closed

Action Item

We will send this Draft document of the Certification Form out along with the

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

**Description:**

We will send this Draft document of the Certification Form out along with the minutes.

**Resolution:**

Completed

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**Issue/Action #**

A-OTH-00136

Other - see notes below

2-High

Lori Petre

Closed

Action Item

The HL7 group letter will be sent with the minutes.

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

**Description:**

The HL7 group letter will be sent with the minutes.

**Resolution:**

Sent via email 04/11/03.

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**Issue/Action #**

A-OTH-00139

Other - see notes below

2-High

Lori Petre

Closed

## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

### HIPAA Consortium Meeting

Action Item	There will be information published within the next few weeks, such as, what has	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
		Tom Walsh	3/12/2003		4/9/2003
	<b>Description:</b>				
	There will be information published within the next few weeks, such as, what has happened in our translator versus what we need to do in our remediation.				
	<b>Resolution:</b>				
	Presented at the Consortium meeting 04/09/03.				

<b>Issue/Action #</b>	A-OTH-00140	Testing	2-High	Lori Petre	Closed
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Action Item	An email will be sent notifying you of what we have in mind for our Testing	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
			3/12/2003		4/9/2003
	<b>Description:</b>				
	An email will be sent notifying you of what we have in mind for our Testing approach. If you have any additional suggestions they are welcome.				
	<b>Resolution:</b>				
	Addressed at 04/09/03 Consortium				

<b>Issue/Action #</b>	A-OTH-00141	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	We will send out something soliciting your interest to see if increasing the	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
			3/12/2003		4/7/2003
	<b>Description:</b>				
	We will send out something soliciting your interest to see if increasing the frequency of this meeting to possibly every three weeks would be possible.				
	<b>Resolution:</b>				
	Email sent week of 03/31.Completed				

<b>Issue/Action #</b>	A-OTH-00142	Other - see notes below	2-High	Lori Petre	Closed
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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: OTHER

HIPAA Consortium Meeting

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Action Item	We are trying to clean up the email contacts.	Responsible Person:	Date Opened:	Date Due:	Date Completed:
			3/20/2003		4/1/2003
	Description: We are trying to clean up the email contacts.				
	Resolution: Completed				

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Issue/Action #	A-OTH-00143	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	A new copy of the Code Sets will be sent.	Responsible Person:	Date Opened:	Date Due:	Date Completed:
			3/12/2003		3/22/2003
	Description: A new copy of the Code Sets will be sent.				
	Resolution: This is included in the new companion guides on the web site. A separate document is not needed.				

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Issue/Action #	A-OTH-00220	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	We are going to extract key implementation dates by transaction	Responsible Person:	Date Opened:	Date Due:	Date Completed:
		Lori Petre	7/16/2003		8/28/2003
	Description: We are going to extract key implementation dates by transaction from the implementation plan to publish by the next Consortium meeting.				
	Resolution: Completed.				

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## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

HIPAA Consortium Meeting

<b>Issue/Action #</b>	I-OTH-00100	Recipient	2-High	Lori Petre	Closed
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Issue	Contract awarded to different plans. Should be announced by 05/08.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

4/29/2003

**Resolution:**

<b>Issue/Action #</b>	A-OTH-00160		1-Critical	Lori Petre	Closed
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Action Item	Response to questions that were sent to Brent.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

5/14/2003

6/27/2003

Responses to questions that were sent to Brent will be provided by 06/04/03..

**Resolution:**

Completed

<b>Issue/Action #</b>	A-OTH-00161	Tables	2-High	Lori Petre	Closed
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Action Item	Transaction Identifiers - table of what we are calling ourselves and the MCO's in	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

5/14/2003

6/4/2003

Transaction Identifiers - review of table of what we are calling ourselves and the MCO's in these tables. MCO's will review.

**Resolution:**

Completed

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: OTHER

HIPAA Consortium Meeting

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Issue/Action #	I-OTH-00162	Other - see notes below	2-High	Consortium Membe	Closed
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Issue	Ventilator clients had to be put in seperately.	Responsible Person:	Date Opened:	Date Due:	Date Completed:
			5/14/2003		6/4/2003

**Description:**

Ventilator clients had to be put in seperately.

**Resolution:**

Addressed.

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Issue/Action #	A-OTH-00163	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Trading Partner information	Responsible Person:	Date Opened:	Date Due:	Date Completed:
			5/14/2003		6/4/2003

**Description:**

Trading Partner information to be put together by next week.

**Resolution:**

Addressed.

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Issue/Action #	A-OTH-00167	HIPAA Enhancements	2-High	Nancy Mischung	Closed
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Action Item	Trailer Record, option of an email sent when a there isn't a file to process.	Responsible Person:	Date Opened:	Date Due:	Date Completed:
			5/14/2003		6/4/2003

**Description:**

Trailer Record, option of an email sent when a there isn't a file to process.

**Resolution:**

## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

HIPAA Consortium Meeting

Resolved.

<b>Issue/Action #</b>	A-OTH-00168	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Email-inquiring which translator, certification software, and the use of	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

Email-inquiring which translator, certification software, and the use of Claredi, an participation of a Claredi Workgroup.

**Resolution:**

Email sent 05/19/03; 5:07 pm.

<b>Issue/Action #</b>	A-OTH-00204		1-Critical	Brent Ratterree	Closed
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Action Item	30 additional waiver codes.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

30 additional waiver codes. Timeframe when that will be available?  
We will follow up with Brent.

**Resolution:**

Resolved.

<b>Issue/Action #</b>	A-OTH-00205	Other - see notes below	2-High	Nancy Mischung	Closed
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Action Item	We will have a more detail regarding the electronic signature/certification update	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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**Description:**

We will have a more detail regarding the electronic signature/certification update by next meeting.

## Consortium Mtg Closed Issues/Action Items Report

Transaction: OTHER

HIPAA Consortium Meeting

**Resolution:**

ISD is in the process of identifying options which range from manual fax to electronic signature. Meeting is schedule to review the options identified. Once we refine those options we anticipate meeting with key internal customers to share what we have either late the week of 06/30 or early the week of 07/07. The intention is still to implement in October 2003.

**Issue/Action #**

A-OTH-00207

Other - see notes below

2-High

Nancy Mischung

Closed

Action Item

Email sent on Zero record blank file:  
Confirmation on the agreed upon

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

**Description:**

Email sent on Zero record blank file: Confirmation on the agreed upon solution will be sent early next week.

**Resolution:**

Per agreement at the Wednesday, June 4th Consortium Meeting.  
The Health Plans have requested that AHCCCS send the trailer record as it exists in today's process, when there are no records on the 834 file. We have completed the coding and unit test, and have transmitted the first trailer record files through Mercator and out to the Health Plans as requested. The Health Plans must be aware however that these files with only the trailer records are not intended to be processed by their maps as EDI 834 transactions.  
We also found a solution to create the same trailer record when the 820 has no records. The 820 will have a trailer record identical to the 834 when there is no 820 information available. This will be available when the next 820 process runs.

**Issue/Action #**

A-OTH-00208

Other - see notes below

2-High

Lori Petre

Closed

Action Item

Melanie is putting together instructions  
on downloading, emailing, faxing form

**Responsible Person:**

**Date Opened:**

**Date Due:**

**Date Completed:**

**Description:**

Melanie is putting together instructions on downloading, emailing, faxing form and will send out later this week.  
We can also accept problems as an email to the test web address and we will put it into a form.

**Resolution:**

Completed.

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## Consortium Mtg Closed Issues/Action Items Report

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Transaction: OTHER

HIPAA Consortium Meeting

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State: BOTH

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<b>Issue/Action #</b>	A-OTH-00120	Testing	2-High	Frank Straka	Closed
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Action Item	When will User test be scheduled to start?	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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<b>Description:</b>	Lori Petre	4/28/2003		4/28/2003
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When will User test be scheduled to start?

**Resolution:**

No user testing scheduled invited to participate in overall testing beginning 03/07-07/31/03.

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<b>Issue/Action #</b>	A-OTH-00157	Other - see notes below	2-High	Lori Petre	Closed
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Action Item	Lag time of test data.	<b>Responsible Person:</b>	<b>Date Opened:</b>	<b>Date Due:</b>	<b>Date Completed:</b>
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<b>Description:</b>	Nancy Mischung	5/14/2003		6/4/2003
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How soon can we get the test data that will be the same as the production data. We will also look at catching up with files on Mondays, for the weekend.

**Resolution:**

Resolved.

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